



LOCAL 721



Training Opportunity

Certified Medical Assistant Program

Opportunity for full-time LA County DHS employees



The L.A. Health Care Workforce Development Program (HCWDP) is offering another medical assistant program to prepare you with the skills to become a certified medical assistant. This course will train you in all the administrative and clinical

competencies necessary to qualify to take the State certification exam, and then apply for the County position.

Exact program dates and times are currently being confirmed, but the course will start some time in December 2012 or January 2013

Note: To be considered for this program applicants will be assessed by the HCWDP for math and English skills and will complete a HCWDP transition course including math, English, computer, and study skills. Applicants who complete these requirements will be contacted to undergo an interview as part of the selection process.

Applicants must have:

- Current CPR/BLS certificate (can be obtained from the American Heart Association)
- Good PE and attendance record
- High school diploma or GED

There may be additional requirements in connection with the application and selection process. Participation in this program does not guarantee placement as a CMA with the County of Los Angeles, but successful completion will qualify you to apply.

Medical Assistant Program

APPLICATION

Must be full-time LA County DHS employee

APPLICATIONS *MUST* BE SUBMITTED BY FRIDAY, NOVEMBER 16, 2012

Please complete this form and mail, fax or pdf it to:

L.A. Health Care Workforce Development Program
1545 Wilshire Blvd., Suite 500, Los Angeles, CA 90017

Attn: Lisa Mitchell, Implementation Coordinator

Tel: (213) 639-2220 Fax: (213) 483-1460

lmitchell@hcwdp.org

_____ **Please PRINT all information** _____

Last Name:	First Name:	Employee #:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Address:	Email Address:		
<input type="text"/>	<input type="text"/>		
City:	Zip Code:		
<input type="text"/>	<input type="text"/>		
Home Phone #:	Work Phone #:	Cell#:	Fax#:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Department #:	Department Name:	
<input type="text"/>	<input type="text"/>	
Facility Name:	Work Area / Unit:	
<input type="text"/>	<input type="text"/>	
Work Hours (Start & End Time):	Item#:	Position/Classification Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Hire:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<input type="text"/>		
Supervisor Name:	Supervisor Phone #:	Supervisor Fax #:
<input type="text"/>	<input type="text"/>	<input type="text"/>